

PLEASE PRINT

# STATE OF NEW HAMPSHIRE

### 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyis	t(s) Debra Vanderbe	eek, Robert Cle	gg, Periklis Karoutas, Lean	n Moccia, Chris Herr
II. Name of lobbyis	t's partnership, firm or co	rporation, if an	y:	
1.0	egislative Solutions, L.L.C.			
	ame of partnership, firm or corp	poration)		· · ·
	P.O. Box 10724	Bedford	NH	03110
	Street)	(Town/City)	(State)	(Zip Code)
		(**************************************		•
(W) 986-9145 (Telephone)	( )_	(Fax)	e-mail_dbeek@a	oi.com
, ,		, ,		
	covers: (Choose one – file s transactions which are not	• •		ay file a separate report for
reportable expense	transactions which are no	t attributable to	any one chenty.	
All reportable tra	ansactions occurring in the m	nonths prior to th	ne reporting date relative to th	ne following client:
•	May Hamashira Cama D	irostora Associ	atio .	
	New Hampshire Camp D  (Full Name of Client as it a			
<u>OR</u>	(1 dil Paine of Cheft as it a	ppears on the Boo	by ist registration ( offin)	
<del></del>	• • • • • • • • • • • • • • • • • • • •	cluding the lobb	yist's family), or the lobbying	g firm listed below which are
IV. Date of Report	April 24, 2019 💢		July 31, 2019	
Reports cover: act	ivity from date of registration	to 3/31/19	activity from 4/1/19 to 6/30/19	1
	October 30, 2019 activity from 7/1/19 to 9/30/1	19	January 29, 2020 <i>activity from 10/1/19 to 12/31</i>	719
	l, complete just this form and		transactions made since to Secretary of State's Office, S	
VI. Check if addition	onal reports are attached:			
	· ·	res, you must fil	e Addendum A- Fees and E	xpenses
•	an honorarium or reimburse	•	must file Addendum B-Re	
•		olitical contribu	tions, you must file Addendu	ım C- Political Contributions
I have read RSA 15,	Affirmation by Lobbyist RSA 15-B, RSA 14-C and I best of my knowledge and b		reby swear or affirm that the	foregoing information is true
	1/1//		April 9, 2019	
(Signature of looby	ist)	<del></del>	(Da	te)
	•		<b>\</b> =	•
Debra Vanderbeek (Print Name of lobb		<del></del>		
TEART LABOR OF 1000	7,101,			

# PLEASE PRINT

## STATE OF NEW HAMPSHIRE



#### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

# RECEIVED

APR 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karout	as, Leann Moccia, Chris Herr
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Camp Directors Association	Date April 9, 2019
<ul> <li>IV. Fees Received</li> <li>Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:</li> <li>a) Total of all fees received in this reporting period</li> <li>b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)</li> <li>c) Total of all fees received to date (Add lines a and b)</li> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	relations, or public relations services oss fee amount reported shall not be  a) \$ 1,500.00  b) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.  a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business so than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, but not greater than \$50, expense reimbursement, or political
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 1,500.00
	^
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>1,500.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	s
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Oh/1/4	April 9, 2019
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

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•

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	oration: Legislative Solutio	ns, L.Ł.C.		
			corporation and not related to	any	
particular client): New Hampshire Camp Directors Association					
Date of Report (check	one):				
April 24, 2019 💢	July 31, 2019 □	October 30, 2019 🗆	January 29, 2020 □		
			d Expenses described above, umber of Addendum forms b		
X Addendum A(	s).				
Addendum B(	s).				
Addendum C(	s).				
	my knowledge and be	lief.	nt and each Addendum is true  9, 2019 (Date)	: and	
7	- 1				
Robert Clegg		<del> </del>			
(Print Name of lobbyi	st)				

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	īrma	tion	by l	Lobbyi	st
Statem	ent of	Income	and	Expe	nse	s for:	

Name of Lobbying pa	rtnership, firm, or corpc	oration: Legislative Solution	ns, L.L.C.	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to	any
particular client):	New Hampshire (	Camp Directors Association	1	
Date of Report (check	(one):			
April 24, 2019 7	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □	
			nd Expenses described above, umber of Addendum forms be	
Addendum A	(s).			
Addendum B	(s).			
Addendum Co	(s).			
-	f my knowledge and be	lief.	nt and each Addendum is true  19, 2019 (Date)	and
(Signature of loodyist	,		(Date)	
Periklis Karoutas				
(Print Name of lobby	st)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Affirma	ation by	Lobbyist
Statem	ent of	Income and	Expens	es for:

Name of Lobbying partnership, firm, or corporation: Legislative Solutions, L.L.C.					
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to	— any				
particular client): New Hampshire Camp Directors Association					
Date of Report (check one):					
April 24, 2019 ☑ July 31, 2019 □ October 30, 2019 □ January 29, 2020 □					
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, the following Addendums submitted with that Statement (insert the number of Addendum forms be submitted):					
Addendum A(s).					
Addendum B(s).					
Addendum C(s).					
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true complete to the best of my knowledge and belief.  April 9, 2019	and				
(Signature of lobbyist) (Date)					
Leann Moccia					
(Print Name of lobbyist)					

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

N. C. 11		. Logislativo Colutio	nc 11 <i>C</i>	
		oration: Legislative Solutio		
Name of Client (leave b	plank if Statement is fo	or the partnership, firm, or	corporation and not related to	any
particular client):	New Hampshire (	Camp Directors Association	1	
Date of Report (check o	one):			
April 24, 2019 🗖	July 31, 2019 🗆	October 30, 2019 □	January 29, 2020 □	
			nd Expenses described above, umber of Addendum forms b	
Addendum A(s	).			
Addendum B(s	).			
Addendum C(s)	).			
I hereby swear or affirr complete to the best of (Signature of labbyist)		lief.	9, 2019 (Date)	e and
(Signature of two) isty			(4)	
Chris Herr				
(Print Name of lobbyist	)			